#### **APPLICATION DATA SHEET**

Application	n Information	
Application Number::		
Filing Date::	Herewith	
Application Type::	Regular	
Subject Matter::	Utility	
Suggested Classification::		
Suggested Group Art Unit::		
CD-ROM or CD-R::	None	
Number of CD disks::		
Number of Copies of CDs::		
Sequence Submission?::	No	
Computer Readable Form (CRF)?::		
Number of Copies of CRF::		
Title::	DELIVERY VEHICLE FOR RECOMBINANT PROTEINS	
Attorney Docket Number::	UPN-02906AUSA	
Request for Early Publication?	No	
Request for Non-Publication?	No	
Suggested Drawing Figure::		
Total Drawing Sheets::	2	
Small Entity::	Yes	
Latin name::		
Variety denomination name		
Petition Included::	No	
Petition Type		
Licensed US Govt. Agency::	National Institutes of Health	
Contract or Grant Number::	HL54749, HL64190, HL60169, HL66442, HL47826 and HL63194	

Applicant Information		
Applicant Authority Type::	Inventor	
Primary Citizenship Country::	US	
Status::	Full Capacity	
Given Name::	Douglas	
Middle Name::	B.	
Family Name::	Cines	
Name Suffix::		
City of Residence::	Wynnewood	
State or Province of Residence::	PA	
Country of Residence::	US	
Street of Mailing Address::	101 Trent Road	
City of Mailing Address::	Wynnewood	
State or Province of Mailing Address::	PA	
Country of Mailing Address::	US	
Postal or Zip Code of Mailing Address::	19096	

Applicant Information		
Applicant Authority Type::	Inventor	
Primary Citizenship Country::	US	
Status::	Full Capacity	
Given Name::	Mortimer	
Middle Name::		
Family Name::	Poncz	
Name Suffix::		
City of Residence::	Wynnewood	
State or Province of Residence::	PA	
Country of Residence::	US	
Street of Mailing Address::	1210 Weymouth Road	
City of Mailing Address::	Wynnewood	
State or Province of Mailing Address::	PA	
Country of Mailing Address::	US	
Postal or Zip Code of Mailing Address::	19096	

Corresponde	ence Information	
Correspondence Customer Number::	00270	
Name::	Howson and Howson	
Street of Mailing Address	Spring House Corporate Center, Box 457	
City of Mailing Address	Spring House	
State or Province of Mailing Address	Pennsylvania	
Country of Mailing Address	US	
Postal or Zip Code of Mailing Address::	19477	
Phone Number::	215-540-9200	
Fax Number::	215-540-5818	
E-Mail Address::	mebak@howsonandhowson.com	

Representative Information		
Representative Customer No. 00270	Registration Number	Name

	Domestic Price	rity Information	
Application	Continuity Type	Parent Application	Parent Filing Date
This Application	An application claiming the benefit under 35 USC 119(e)	60/424,234 .	11/05/02